



*Department of
the Secretary of State*

Bureau of Motor Vehicles

*Matthew Dunlap
Secretary of State*

*Catherine Curtis
Deputy Secretary of State*

*Robert E. O'Connell, Jr.
Director of Driver License Services*

SURRENDER OF LICENSE FOR PHYSICAL, MENTAL, OR EMOTIONAL REASONS

NAME: _____

ADDRESS: _____

DOB: _____

LICENSE or HISTORY NUMBER: _____

I, _____, request the Secretary of State to cancel my
driver's license due to

_____.

I understand that should I wish to have my license reissued, I will have to provide a favorable medical/vision report to the Bureau of Motor Vehicles and successfully complete the operator's examination including, vision, written and road examinations.

Please attach your current driver's license to this form and return to:

Secretary of State
Bureau of Motor Vehicles
Attention: Medical Section
29 State House Station
Augusta, Maine, 04333-0029

For personal identification, a Maine State photo ID card may be purchased at a Motor Vehicle Branch Office or Mobile Unit for a fee of \$5.00. Any two of the following forms of identification are required: birth certificate, baptismal record, citizenship papers, Social Security card, marriage certificate, divorce decree or a military ID card.

Signature: _____

Date: _____